

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 172

Registered No. 177

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mercedes Mendoza { If child is not yet named, make supplemental report, as directed.

3. Sex of Child F. To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth Sept. 24 - 29
Month Day Year

8. FATHER Full name Cirilo Mendoza 14. MOTHER Full maiden name Tranina Canchola

9. Residence (Usual place of abode) If non-resident, give place and state. 15. Residence (Usual place of abode) If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 31 (Years) 16. Color or race Mex. 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Pangua Mex. (State or country) 18. Birthplace (city or place) Pangua Mex. (State or country)

13. Occupation Labour Nature of industry 19. Occupation Housewife Nature of industry

20. Number of children of this mother 2 { (a) Born alive and now living flow (b) Born alive but now dead one (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was alive at 3:00 p. m. on the date above stated.
(Born alive or stillborn.)

Signature C. W. Adams Physician
(Physician or Midwife)

Given name added from a supplemental report _____ Address Box 636 Globe, Ariz.

Month, day, year _____ Filed 10.7 1929 G. E. Wightman Registrar

441-924-631

IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.